

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	ELIGIBILITY			
1	FAMILY PLANNING INITIATIVE	\$510,601,000	\$341,009,400	\$169,591,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$124,365,000	\$66,543,750	\$57,821,250
3	CHDP GATEWAY - PREENROLLMENT	\$18,721,000	\$12,168,650	\$6,552,350
4	BRIDGE TO HFP	\$14,510,000	\$9,431,500	\$5,078,500
5	REFUGEES	\$7,011,000	\$0	\$7,011,000
6	PE FOR HFP DISENROLLEES	\$3,285,960	\$1,642,980	\$1,642,980
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
8	STATE-FUNDED KINGAP	\$800	\$0	\$800
10	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUST.	\$0	\$0	\$0
11	NEW QUALIFIED ALIENS	\$0	-\$112,632,500	\$112,632,500
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$28,215,000	-\$28,215,000
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
14	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REPO	-\$18,645,000	-\$9,322,500	-\$9,322,500
160	ADDITIONAL CASELOAD INCREASE	\$42,104,990	\$21,052,500	\$21,052,500
162	MONTH-TO-MONTH ELIGIBILITY FOR UNDOC IMMIGRANT	-\$9,572,200	-\$4,786,100	-\$4,786,100
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-\$4,342,000	\$5,066,000	-\$9,408,000
165	1931(B) EXPANSION ROLLBACK	-\$5,189,000	-\$2,594,500	-\$2,594,500
166	AGED & DISABLED EXPANSION REDUCTION	-\$28,552,000	-\$14,276,000	-\$14,276,000
	ELIGIBILITY SUBTOTAL	\$655,799,550	\$342,268,180	\$313,531,370
	BENEFITS			
16	ADULT DAY HEALTH CARE - CDA	\$397,119,000	\$198,559,500	\$198,559,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$80,144,000	\$80,144,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
19	FPACT IMPLANON AND ESSURE	\$3,853,200	\$0	\$3,853,200
20	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$1,666,000	\$1,209,000	\$457,000
21	CONLAN V. BONTA	\$1,322,000	\$640,000	\$682,000
22	HOME TOCOLYTIC THERAPY	\$1,161,160	\$580,580	\$580,580
23	NEWBORN HEARING SCREENS EXPANSION	\$911,230	\$455,620	\$455,620
24	NF A/B LEVEL OF CARE GROWTH	\$902,880	\$451,440	\$451,440
28	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$122,369,000	-\$122,369,000
30	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,287,000	\$4,287,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$1,748,000	-\$874,000	-\$874,000
33	EXPANSION OF NF/AH WAIVER (SB 643)	-\$2,030,000	-\$1,015,000	-\$1,015,000
34	ADULT DAY HEALTH CARE REFORMS	-\$23,791,150	-\$11,895,580	-\$11,895,580
35	UNSPECIFIED BUDGET REDUCTION	-\$646,594,000	-\$323,297,000	-\$323,297,000
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$39,391,000	-\$19,695,500	-\$19,695,500
	BENEFITS SUBTOTAL	-\$181,010,680	\$64,077,060	-\$245,087,740

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PHARMACY				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,022,000	\$36,000	\$986,000
37	NON FFP DRUGS	\$0	-\$580,500	\$580,500
39	COAGULATION FACTOR STATE SUPPLEMENTAL REBATE	-\$522,000	-\$261,000	-\$261,000
40	PHARMACY TAR AUTO-ADJUDICATION	-\$589,000	-\$294,500	-\$294,500
41	MEDICAL SUPPLY CONTRACTING	-\$3,960,690	-\$1,980,340	-\$1,980,340
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,609,950	-\$2,304,970	-\$2,304,970
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-\$8,452,890	-\$4,226,450	-\$4,226,440
45	AGED DRUG REBATE RESOLUTION	-\$11,000,000	-\$5,500,000	-\$5,500,000
46	FAMILY PACT DRUG REBATES	-\$42,381,000	-\$18,144,800	-\$24,236,200
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$22,312,100	-\$21,687,900
48	STATE SUPPLEMENTAL DRUG REBATES	-\$314,436,000	-\$157,707,200	-\$156,728,800
49	FEDERAL DRUG REBATE PROGRAM	-\$755,939,000	-\$379,145,900	-\$376,793,100
	PHARMACY SUBTOTAL	-\$1,190,868,520	-\$595,421,760	-\$595,446,760
MANAGED CARE				
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$376,886,000	\$185,943,000	\$190,943,000
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$12,382,000	\$6,191,000	\$6,191,000
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
64	MANAGED CARE EXPANSION - PLACER	\$2,813,000	\$1,406,500	\$1,406,500
65	MANAGED CARE EXPANSION - SAN LUIS OBISPO	-\$41,504,750	-\$20,752,380	-\$20,752,380
70	AIDS HEALTHCARE CENTERS (FULL RISK)	-\$1,143,000	-\$571,500	-\$571,500
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$357,433,250	\$176,216,630	\$181,216,630
PROVIDER RATES				
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$335,307,000	\$163,044,000	\$172,263,000
74	NF-B RATE CHANGES AND QA FEE	\$162,451,210	\$81,225,600	\$81,225,600
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$37,091,500
76	LTC RATE ADJUSTMENT	\$55,434,780	\$27,717,390	\$27,717,390
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$16,929,000	\$8,464,500	\$8,464,500
78	FAMILY PLANNING RATE INCREASE	\$12,113,130	\$6,056,560	\$6,056,560
79	HOSPICE RATE INCREASES	\$7,596,930	\$3,798,470	\$3,798,460
80	MIRENA IUC REIMBURSEMENT	\$1,041,910	\$651,350	\$390,560
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$22,604,900	-\$11,302,450	-\$11,302,450
83	REDUCTION TO NON-CONTRACT HOSPITALS	-\$29,471,850	-\$14,735,930	-\$14,735,930
84	REDUCTION TO LTC PROVIDER PAYMENTS	-\$85,019,140	-\$42,509,570	-\$42,509,570
86	REDUCTION TO PROVIDER PAYMENTS	-\$487,211,640	-\$234,500,920	-\$252,710,720
	PROVIDER RATES SUBTOTAL	\$40,749,410	\$25,000,500	\$15,748,920
HOSPITAL FINANCING				

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<u>HOSPITAL FINANCING</u>				
87	HOSP FINANCING - DSH PMT	\$1,564,298,000	\$1,080,500,000	\$483,798,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$483,816,000	\$241,908,000	\$241,908,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$469,794,000	\$469,794,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$315,000,000	\$315,000,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$245,336,000	\$122,668,000	\$122,668,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$191,200,000	\$191,200,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$179,371,000	\$179,371,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$167,949,000	\$83,974,500	\$83,974,500
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$47,383,000	\$23,691,500	\$23,691,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$46,690,000	\$23,345,000	\$23,345,000
97	HOSP FINANCING - CCS AND GHPP	\$39,000,000	\$39,000,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$31,000,000	\$31,000,000	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
100	HOSP FINANCING - MIA LTC	\$0	\$21,450,000	-\$21,450,000
101	HOSP FINANCING - BCCTP	\$0	\$2,000,000	-\$2,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$433,922,000	-\$433,922,000
	HOSPITAL FINANCING SUBTOTAL	\$3,784,637,000	\$3,260,724,000	\$523,913,000
<u>SUPPLEMENTAL PMNTS.</u>				
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$179,000,000	\$179,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$168,761,000	\$84,955,500	\$83,805,500
105	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$130,000,000	\$130,000,000	\$0
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	\$52,330,000	\$26,165,000	\$26,165,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$49,400,000	\$49,400,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$697,491,000	\$528,520,500	\$168,970,500
<u>OTHER</u>				
119	RECONCILIATION WITH BUDGET ACT-OTHER DEPARTME	\$111,251,000	\$111,251,000	\$0
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$79,508,000	\$79,508,000	\$0
124	HEALTHY FAMILIES - CDMH	\$25,397,000	\$25,397,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
128	DENTAL RETROACTIVE RATE CHANGES	\$7,168,000	\$3,584,000	\$3,584,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$6,101,000	\$3,050,500	\$3,050,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,726,000	\$3,726,000	\$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	-\$250,000	\$250,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$33,723,000	\$33,723,000

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	OTHER			
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
141	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$56,000,000	\$56,000,000
142	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
143	INDIAN HEALTH SERVICES	\$0	\$9,000,000	-\$9,000,000
146	EDS COST CONTAINMENT PROJECTS	-\$90,240	-\$45,120	-\$45,120
147	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$351,200	-\$175,600	-\$175,600
148	MEDICAL SUPPORT ENHANCEMENTS	-\$1,324,930	-\$662,460	-\$662,460
151	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$31,472,830	-\$15,736,420	-\$15,736,410
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$38,930,650	-\$19,465,330	-\$19,465,330
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$45,854,000	\$0	-\$45,854,000
156	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	\$0	\$0	\$0
157	DELAY CHECKWRITE JUNE 2009 TO JULY 2009	-\$368,000,000	-\$184,000,000	-\$184,000,000
170	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	-\$171,076,000	-\$85,538,000	-\$85,538,000
	OTHER SUBTOTAL	-\$414,220,850	-\$172,079,430	-\$242,141,420
	GRAND TOTAL	\$3,750,010,170	\$3,629,305,670	\$120,704,490